

House Oversight and Government Reform Committee
Domestic Policy Subcommittee

***“Fiscal Year 2011 National Drug Control Budget and the
Priorities, Objectives, and Policies of the
Office of National Drug Control Policy”***

April 14, 2010

**Statement of R. Gil Kerlikowske
Director, National Drug Control Policy**

Chairman Kucinich, Ranking Member Jordan, distinguished members of the Subcommittee, thank you for providing the Office of National Drug Control Policy (ONDCP) the opportunity to appear before you today to share our views on the Fiscal Year 2011 National Drug Control Budget and Priorities. It has been almost one year since I testified before this committee and, at the time, I had only recently been confirmed as Director. Much progress has been made over the past year and I am pleased to report on it today.

Drug use continues to place a major strain on our economy, accounting for significant expenditures every year in health care costs. The public health consequences of drug use are enormous. One in ten cases of HIV diagnosed in 2007 were transmitted via injection drug use, contributing to the spread of infectious diseases nationwide.¹ The public safety impact of drug use is equally dramatic. Drug induced deaths now outnumber gunshot deaths in America and are fast approaching motor vehicle crashes as the leading cause of injury death.² Whether struggling with an addiction, worrying about a loved one’s substance abuse, or being a victim of drug-related crime, millions of people in this country live with the devastating impact of illicit drug use every day. This stark reality demands a new direction in drug policy: one based on common sense, sound science, and practical experience. We have many policy interventions to choose from, and on the record I would like to reiterate the Administration’s position against any form of drug legalization.

¹ CDC 2009 HIV/AIDS Surveillance Report, 2007, Vol. 19.

² Special tabulations from CDC’s Wonder database on vital statistics.

Drug addiction is a disease with a biological basis, and drug use – whether or not the user is addicted – raises the risk of traumatic accidents, infectious disease, psychiatric disorders, family violence, and a host of other health problems.

Drug use greatly increases the likelihood that someone will interact with the criminal justice system. We have made it a priority to focus on approaches that can reduce recidivism by drug involved offenders, and get treatment to those who need it. Their criminal behavior and drug use, monitored by regular drug tests, can be altered through the consistent application of swift, certain, but modest sanctions – as demonstrated by numerous testing and sanctions programs administered by courts.

Research on testing and sanctions sponsored by the Office of Justice Programs has begun to show consistently positive results for such programs in a local court setting, like Hawaii's Opportunity Probation with Enforcement (HOPE). HOPE is a court-administered testing and sanctions program that monitors offenders through regular drug tests and the consistent application of swift, certain, but modest sanctions. Evidence suggests that many probationers with drug histories can be induced to stop using drugs. Research showed the rate of positive drug tests among almost 1,000 HOPE probationers fell 83 percent during the first three months following baseline. Also, missed probation appointments fell by 71 percent among the HOPE group during the same time period.³ The threat alone, with the certainty of a swift jail sentence if found to be using drugs, was generally sufficient to change behavior among most probationers in the program. HOPE probationers spent no more time in jail and had less time in prison compared with non-HOPE probationers (112 days vs. 303 days)⁴. Thus, HOPE reduced drug use, crime, and incarceration. Currently, HOPE replications are happening all over the country, including in Las Vegas, Nevada; Fairfax County, Virginia; and in the States of Alaska and Arizona, among other places.

Such probation and parole programs should not be seen as alternatives to drug courts, but as complements to innovative and evolving criminal justice systems that help break the cycle of

³ Hawken and Kleiman 2009 Managing Drug Involved Probationers with Swift and Certain Sanctions: Evaluating Hawaii's HOPE. Report submitted to the National Institute of Justice.

⁴ Ibid.

drug use and crime. In addition to their potential to sharply reduce drug use, crime, and probation revocation, such initiatives have the potential to distinguish those who truly need intensive drug treatment from those who can be induced to stop their drug taking through other means.

Since my confirmation, I have also been focused on raising awareness about prescription drug abuse. Prescription drug abuse harms the people who misuse these pills as well as those close to them. While we must ensure access to medications that improve health or alleviate suffering, it is also vital that we do all we can to curtail diversion and abuse of pharmaceuticals. The number of past-year initiates of the non-medical use of prescription drugs has surpassed the number for marijuana initiates.⁵ Moreover, between 1997 and 2007, treatment admissions for prescription painkillers increased more than 400 percent.⁶ Researchers at the University of Michigan's Institute for Social Research conduct the annual Monitoring the Future (MTF) study under a grant from the National Institute on Drug Abuse (NIDA). The 2009 data from MTF show that, of the top ten drugs reported as used by 12th graders to get high, seven are prescription drugs.⁷ Between 2004 and 2008, the number of visits to hospital emergency departments involving the non-medical use of narcotic painkillers increased 112 percent.⁸ Because prescription drugs are legal, they are easily accessible, often from a home medicine cabinet. Further, some individuals who misuse prescription drugs, particularly teens, believe these substances are safer than illicit drugs because they are prescribed by a medical doctor and are dispensed by a licensed pharmacist.

Data from the latest National Survey on Drug Use and Health, (NSDUH), an annual survey conducted by the U.S. Department of Health and Human Services, indicate that most people who misused prescription drugs got them from friends, family, or a doctor. Health care providers, law enforcement professionals, and community leaders can all help spread an important message: If you have unneeded or expired prescription drugs in your home, dispose of them

⁵ SAMHSA 2009 Results from the 2008 National Survey on Drug Use and Health: National Findings.

⁶ SAMHSA 2008 Treatment Episode Data Set (TEDS) Highlights – 2007.

⁷ University of Michigan 2009 Monitoring the Future: A Synopsis of the 2009 Results of Trends in Teen Use of Illicit Drugs and Alcohol.

⁸ <https://dawninfo.samhsa.gov/data/default.asp?met=All>

properly. Many communities have already begun to initiate “take-back” programs which represent a good step toward addressing this issue, provided they are in compliance with state and Federal law.

Another priority for ONDCP since my confirmation has been drugged driving. A Department of Transportation study released in December of last year showed that one in six nighttime, weekend drivers tested positive for drugs. Data from the 2008 NSDUH indicate that 12.3 percent of 18 to 25 year olds report having driven under the influence of illicit drugs in the past year. This is consistent with other nationally-representative and state-level studies. Results from MTF indicate that, in 2008, more than 10 percent of high school seniors admitted to having driven a vehicle after smoking marijuana in the two weeks prior to the survey. These data highlight the alarming prevalence of drugged driving. We will be assessing how we can help states deal with this issue, and I will continue to meet with leaders – from trainers of Drug Recognition Experts (DRE), to police chiefs, researchers, and policy makers –to see how the Administration can engage with them to reduce this threat.

According to NSDUH data, in 2008, over 23 million Americans ages 12 or older needed treatment for an illicit drug or alcohol use problem. However, less than 10 percent received the necessary treatment for their disorders. We have the tools and the willingness to respond wisely, justly, and effectively to the drug problem. These tools include well-tested practices that can be reliably and effectively applied by parents, schools, healthcare professionals, and communities to prevent drug use among our Nation’s youth. With these tools, we can intervene early when substance use has started, treat cases of abuse and dependence with evidence-based behavioral therapies (e.g., cognitive behavioral therapies, motivational interviewing techniques, and motivational incentive programs), approved medications (e.g., methadone and buprenorphine), and help maintain recovery via an array of recovery support services such as peer-based recovery “coaches”, housing assistance, and vocational counseling.

Within ONDCP, we have a number of programs that are critical to our success in reducing domestic drug use. The Drug Free Communities (DFC) program is a signature effort to bring a broad range of community stakeholders together to prevent youth drug, alcohol, and tobacco use.

In partnership with the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMSHA), ONDCP has administered the DFC Program since 1997. DFC is a matching grant effort designed to help community coalitions identify and respond to local youth substance use problems. With 746 grants in 726 communities, the DFC program has been implemented in all 50 States, the District of Columbia, Puerto Rico, Palau, American Samoa, the U.S. Virgin Islands, and in tribal lands. Community-based coalitions bring together more than a dozen sectors (e.g., law enforcement, schools, faith leaders) to change local environmental risk factors. We recognize that communities are best equipped to identify local drug problems, mobilize local resources, and implement community-based action plans.

Influencing youth attitudes about drugs is an important part of preventing drug use. Teens today are bombarded with pro-drug content, particularly on-line where they spend a significant amount of time. The National Youth Anti-Drug Media Campaign (Campaign) is the most visible and comprehensive provider of anti-drug media content in the Nation. In consultation with national experts in drug prevention, media, marketing, and technology, ONDCP is dramatically changing the Campaign to respond to changes in media and the softening of teen drug attitudes. Building upon the high level of recognition of its *Above the influence* (ATI) brand, the Campaign will expand its use of digital media to reach youth, ages 12-17. Research shows that teens aware of the ATI brand hold stronger anti-drug beliefs and are less likely to use drug than those unaware of the Campaign. With this in mind, the Campaign will also engage teens from at-risk communities in local ATI sponsored activities and incorporate their voices into Campaign messages.

ONDCP's High Intensity Drug Trafficking Area (HIDTA) program provides resources to Federal, state, local, and tribal agencies to disrupt and dismantle drug trafficking organizations (DTOs) by targeting drug cultivation, distribution, drug-related violent crime, and demand reduction. There are currently 28 HIDTAs located in 45 States plus Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. In addition, the Southwest Border HIDTA is divided into five regions (California, Arizona, New Mexico, West Texas, and South Texas), each of which operates in many respects as a separate HIDTA. These HIDTAs include approximately 15 percent of all counties in the United States and approximately 58 percent of the U.S. population.

The collaboration and cooperation among participating agencies lead to an expanded jurisdiction and enhanced expertise for task force members in disrupting and dismantling both domestic and transnational DTOs. Without Federal and local law enforcement working together on street-level casework and thorough criminal investigations to build probable cause and intelligence, major transnational drug trafficking organizations would continue expanding their illicit enterprises. Identifying the source and denying the revenue originates with Federal, state, local and tribal law enforcement officers building investigations, discovering links, and ultimately developing cases against these illicit organizations.

In addition to the programs supported by ONDCP, our agency has evolved to effectively achieve ONDCP's mission. For example, ONDCP has developed a more comprehensive multi-year National Drug Control Strategy (*Strategy*) informed by a variety of data, and built on a collaborative and consultative environment. The soon to be released *Strategy* was developed through an extensive, nationwide consultative process. It included meetings with Federal partners; a national "Listening Tour;" several meetings with stakeholders in the drug control community and letters soliciting official comment from over 600 organizations. When I appeared before you last year, I promised we would deliver a *Strategy* and Budget that focuses on the nature and scope of the problems, as well as the policies and programs that will have the most meaningful impact. I believe the Administration's FY 2011 Budget meets this standard and you will find the same is true of the soon to be released *Strategy*.

These documents are consistent with the Obama Administration's new approach to reducing drug use and its consequences. We are addressing drug use as a public health issue, as well as a public safety issue. Our goal is to fashion comprehensive, balanced policy that builds upon the experience and insights of people across the Nation who face drug-related issues on a daily basis.

Additionally, we have established a working group of subject matter experts to advise ONDCP senior leadership on drug issues. On April 1, 2009, ONDCP convened the Interagency Working Group (IWG) on Demand Reduction to help formulate long-term policy goals for increasing the Nation's focus on preventing and treating substance abuse, with a particular emphasis on informing the development of the *Strategy* and providing input into the budget guidance process

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for demand reduction programs. Leadership from key Federal agencies and departments involved in drug abuse-related matters attended the first IWG meeting and collaborated to refine its role, purpose, and scope.

As a result of this meeting, six subcommittees were established to make recommendations on a range of drug issues including: (1) prevention and education, (2) emerging threats, (3) health care delivery, (4) justice systems, (5) military, veterans, and families, and (6) performance, accountability, and effectiveness. In November 2009, a subcommittee on international demand reduction activities was established to enhance coordination of Federally funded international demand reduction initiatives.

The IWG has proven to be a model for governmental cooperation and collaboration. To date, more than 150 members representing 34 Federal agencies and departments have participated in the process. Their collaborative work yielded five priorities that eventually became the foundation for the demand reduction elements within the President's FY 2011 budget request:

1. Create a national, community-based prevention system to protect adolescents;
2. Train and engage primary healthcare providers to intervene in emerging cases of drug abuse;
3. Expand, improve, and integrate addiction treatment into Federal healthcare;
4. Develop safe and efficient ways to manage drug-related offenders; and
5. Create a community-based drug monitoring system.

The IWG will continue its collaborative efforts to ensure implementation of relevant action items that will be a critical part of the 2010 *Strategy*.

Through the IWG process, key partnerships, evaluations, and experience, we have learned about programs that work: programs like drug courts, community-based anti-drug coalitions, smart law enforcement, and probation, and corrections programs that put drug offenders on course toward productive lives.

We concluded that a new approach should be built on three basic tenets: (1) drug abuse requires a public health policy response on the same scale as our public safety response; (2) treatment

programs need to be integrated into mainstream medicine; and (3) effective drug policy begins at home. Overall, we must address the number one cause of our problem: our Nation's enormous demand for drugs. Our new national drug policy must be responsible, realistic, and informed by experience and science. Furthermore, we need to discard the idea that international supply reduction and domestic law enforcement alone can eliminate our Nation's drug program.

The FY 2011 National Drug Control Budget lays the foundation for our efforts. Specifically, the President's Fiscal Year (FY) 2011 National Drug Control Budget requests \$15.5 billion; an increase of \$521.1 million (3.5 percent) over the FY 2010 enacted level. These resources are categorized around five major functions: (1) Substance Abuse Prevention, (2) Substance Abuse Treatment, (3) Domestic Law Enforcement, (4) Interdiction, and (5) International Support.

In the FY 2011 Budget request, resources totaling \$1.7 billion have been requested to support a variety of education and outreach programs aimed at preventing the initiation of drug use. This represents a 13.4 percent increase over the FY 2010 enacted level. Research and experience have helped us understand the importance of supporting communities in identifying and responding to the unique nature of their local drug problems. From prescription drug abuse to drugged driving, the challenges differ from community to community. As we provide the training and technical assistance necessary to assist these communities in implementing effective prevention strategies, we hope to see more communities strengthened and more lives saved. Major efforts include the creation of a National, community-based prevention system—referred to as “Prevention-Prepared Communities”—to protect our adolescents and the continued development of Drug-Free Community coalitions throughout the United States. These programs will complement one another. They have similar aims, but the different grant sizes and permitted activities will ensure communities, and the youth in them, are continuously surrounded by protective factors rather than protected only in a single setting or at a single age. The Budget also supports grants to assist State and local educational agencies in the development and implementation of a comprehensive set of programs and services designed to enhance school “climate”, prevent youth drug use and violence, and provide needed student mental health services. All of these programs and the involved departments and agencies will coordinate their grants and technical assistance and will thus allow for increased opportunities for communities to plan and implement a wide range of evidence-based practices.

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The FY 2011 Budget proposal also includes nearly \$3.9 billion for early intervention and treatment services for individuals with drug problems. This represents a 3.7 percent increase over the FY 2010 funding level. The Administration will work to train and engage primary healthcare providers to intervene in emerging cases of drug abuse, expand and improve specialty care for addiction, and develop safe and efficient paradigms to manage drug-related offenders in community corrections. The budget will also provide effective, safe, efficient, recovery-oriented, and compassionate care for veterans with substance use and co-occurring mental health disorders.

This renewed focus on prevention and treatment does not come at the expense of effective enforcement. Over \$3.9 billion is included in the FY 2011 Budget request for domestic law enforcement efforts, an increase of \$73.8 million (1.9 percent) over the FY 2010 level. The Departments of Justice, Homeland Security, and Treasury, with support from the Department of Defense's National Guard, provide key domestic law enforcement support. This includes partnerships of Federal, state, and local law enforcement agencies and prosecutors, to identify, dismantle, and disrupt sophisticated national and international drug trafficking and money laundering organizations. The request also adds funding for additional agents, analysts, and attorneys performing investigative, intelligence, and prosecutorial work focused on the Southwest border.

With an increase of \$86.9 million (2.4 percent) over the FY 2010 level, \$3.7 billion is requested to support Federal interdiction efforts. The Departments of Homeland Security, Defense, Justice, and State perform activities designed to interrupt the trafficking of illicit drugs into the United States by targeting the transportation link, as well as bringing traffickers and other criminals to trial.

Finally, the Budget requests over \$2.3 billion to provide international support, an increase of \$20.1 million (0.9%) over the FY 2010 level. The Departments of Defense, Justice, and State perform a wide range of drug control activities in areas outside the United States, focusing on the disruption or dismantlement of the most significant international drug organizations, and increasing the drug enforcement capability of partner nations.

ONDCP's internal Budget request for FY 2011 is \$401.4 million, including:

- \$26.2 million to support Salaries and Expenses and Policy Research;
- \$209.9 million to support the HIDTA Program;
- \$85.5 million to support the DFC Program; and
- \$66.5 million to support the National Youth Anti-Drug Media Campaign.

With the forthcoming *Strategy* and added resources, we will be better able to: 1) prevent initiation of drug use among our Nation's youth; 2) intervene early to stop progression when use has started; 3) treat cases of abuse and dependence; 4) reduce drug-related crime; 5) promote recovery from addiction; and 6) enhance our domestic border control and community and enforcement efforts to disrupt drug production, sales, and trafficking.

Engagement with our international partners continues to be a high priority for ONDCP, with much activity in this area over the past year. For example, I was very pleased to lead the United States delegation to the 53rd Commission on Narcotics Drugs (CND) in Vienna, Austria. Hosted by the United Nations Office of Drugs and Crime (UNODC), the CND is the premier drug control policy body within the UN system. In addition to government officials, it also draws a large audience from health and science experts, as well as a broad array of non-governmental organizations. During this year's CND, the United States chaired a multilateral meeting on disrupting the flow of methamphetamine precursor chemicals and held a series of bilateral meetings to discuss the Obama Administration drug policy priorities.

Two U.S.-drafted resolutions, which provide policy guidance to all U.N. Member States and the UNODC, were adopted at the CND meeting. The first resolution, on community-based prevention, calls on all countries to prioritize community-based drug prevention initiatives in their anti-drug policies, emphasizes the need to support services for families, youth, and women and tailor messages to the unique socioeconomic and cultural environments present in each community. The second resolution, on prescription drugs, highlights the risks of diversion and abuse of powerful narcotics, while supporting access for legitimate medical need, under the proper controls. The prescription drug abuse problem, which has become a major focus of U.S. prevention efforts, as well as a priority for ONDCP and this Administration, due to high levels of

abuse and overdose, is emerging around the world as a major public health threat. The U.S. also co-sponsored several other resolutions, including one by the European Union, focused on achieving universal access to prevention, treatment, care, and support for drug users, including those living with or affected by HIV. The resolution calls for increasing member country capacity and resources for the provision of comprehensive prevention programs, treatment, and related support services, in full compliance with the international drug control conventions. At this most recent CND meeting we also laid the groundwork for a future resolution on drugged driving. We are hopeful the next meeting will result in a resolution on the matter.

The CND also provided the U.S. with the opportunity to continue its engagement with our Russian counterpart, the Russian Federal Drug Control Service, and its Director, Viktor Ivanov. Together we co-chair the U.S.-Russia Bilateral Presidential Commission Working Group on Drug Trafficking, which focuses on strengthening the U.S.-Russian relationship on such issues as addressing regional drug flows; drug demand reduction; and judicial cooperation. The Working Group is an important part of President Obama's and President Medvedev's overall commitment to strengthening the relationship between our two countries. The full Working Group most recently met in Moscow in February, where we approved a number of framework documents charting the path forward for cooperation on drug control issues. The Working Group will meet again later this year in Washington to put into practice some of the cooperative efforts previously negotiated, and finalize an agreement on attacking the financial network supporting narcotics trafficking from Afghanistan through Central Asia to Russia.

ONDCP plays a leading role in coordinating agencies to address the threat drug trafficking poses to the United States and Mexico along our Southwest border. Our efforts have been met with unprecedented cooperation and support from Mexico. In June 2009, Secretary Napolitano, Attorney General Holder, and I publicly released the second iteration of the National Southwest Border Counternarcotics Strategy. The Strategy is a key component of our comprehensive national response to the threat along the border. This response includes cooperation with Mexico through the Mérida Initiative, the Administration's increases in border-related personnel and equipment, and our national effort to reduce the demand for illegal drugs at home. I have heard from many of my former colleagues in state and local law enforcement about the importance of working together as one U.S. team to stem the flow of drugs into our country.

Strengthening this national partnership is central to the National Southwest Border Counternarcotics Strategy and will prove critical to our further efforts to stop the outbound flow of bulk currency and weapons from the United States across the border to Mexico. I applaud Secretary Napolitano and Attorney General Holder for the emphasis they have already placed on stopping the flow of outbound money and guns that empowers the violent Mexican drug cartels. The Administration is backing up its commitment by making major investments at the border. The American Recovery and Reinvestment Act of 2009 provided the Department of Homeland Security with \$100 million for nonintrusive inspection systems; \$60 million for tactical communications equipment and radios; and \$420 million for planning, management, design, alteration, and construction of CBP-owned ports of entry. In addition, also using Recovery Act funds, much-needed Department of Justice law enforcement funds will provide \$2 billion for Byrne Memorial Justice Assistance Grants; \$225 million for Byrne Competitive grants; \$125 million for Rural Law Enforcement; \$40 million for the Southern Border, \$10 million of which is specifically for ATF's Project Gunrunner; and \$225 million for Tribal Law Enforcement Assistance.

To ensure the effective coordination of the resources and initiatives related to the National Southwest Border Counternarcotics Strategy, I have formed a Southwest Border Strategy Executive Steering Group, comprised of high-level interagency officials, which will oversee strategy implementation and address any issues that may impede our progress. Congress will receive a companion document on Southwest Border Counternarcotics Strategy implementation this spring.

ONDCP also participates in numerous internationally focused drug-related Interagency Policy Committees and associated Deputy Committee meetings, including holding a leadership role in a newly formed group on illicit drugs and transnational criminal threats. In addition, ONDCP supports interagency efforts led by the Special Representative for Afghanistan and Pakistan by providing leadership to the Afghanistan Counternarcotics Working Group and participating in regionally focused working groups. Additionally, ONDCP authored the new U.S. Counternarcotics Strategy for Afghanistan which addresses all counternarcotics policy and implementation issues for Afghanistan.

Our neighbors in the Caribbean and Central America are critical partners in our efforts to reduce drug use in the United States and disrupt the impact the criminal organizations have throughout the world. Mexico and Colombia are also, unquestionably, critical partners. I have taken three trips to Mexico and one to Colombia since being confirmed last year, and I've seen first-hand evidence of the courageous stands President Calderon and President Uribe have taken against the cartels operating within Mexico's and Colombia's borders.

We are working closely with Mexico to support their demand reduction efforts, especially through development of treatment programs and drug courts. ONDCP and the Department of State recently hosted a delegation from Mexico at a Bi-National Demand Reduction Conference to share information and develop next steps for reducing illicit drug consumption on both sides of our mutual border – consumption that is fueling violence in that area. On a regular basis, we're working with Mexico to combat illegal drugs and cartel violence, and we look forward to continuing that cooperation. ONDCP also continues to support the consolidation of progress made in Colombia over the past decade – progress that has resulted in record drops in cocaine production and increases in seizures. These have contributed to an increase in price per pure gram and a reduction in purity of cocaine in the United States.

All of these programs and the work I have described demand appropriate management. To establish an accurate and reliable accounting of Federal resources that are being spent on the drug control mission, ONDCP is conducting a thorough review of the Federal Budget during this calendar year. This review includes two parts: first, a review of how funding in the Budget is categorized and characterized, and second, an examination of programs to determine their suitability for inclusion in the Federal Drug Control Budget.

At the present time, an agency's drug control spending is characterized as either "supply" or "demand." This categorization may present an incomplete picture of what programs actually do, as some may be engaged in both demand and supply activities simultaneously. ONDCP is exploring appropriate ways to precisely capture how drug control activities are actually performed in the field. As the Administration develops the FY 2012 Budget submission, ONDCP will, in consultation with stakeholders, consider other possible ways to characterize Federal drug control funding.

The second part of the review will focus on the agencies and programs that should constitute the National Drug Control Budget. Working with Federal working groups and the Congress to fully examine this structure, ONDCP will consult with a group of interagency experts to review and recommend any required changes to the structure. This review will define what criteria should be used when determining if an agency should remain in or be added to the Federal Drug Control Budget and what portion of that agency's activities may be fairly counted toward drug control activities. Once the review is complete, the FY 2012 Budget Summary will reflect any revisions to the budget structure and framework that may be necessary.

We are also developing a stronger and more strategic approach to measuring performance. Under the current paradigm, ONDCP evaluates the annual performance of Federal drug control agencies by drawing on existing agency data systems required by the Government Performance and Results Act (GPRA) and national studies and surveys, such as MTF and NSDUH, to inform the assessment of Federal drug control agencies. Additional information is also gathered from budget justifications, program assessments, and internal management documents.

ONDCP continues to work with the Federal drug control agencies to develop tailored performance metrics that reflect their contributions to the *Strategy*. Because the measures focus on the unique contributions of each agency, the measures cover a wide range of activities and data.

ONDCP is currently establishing a Performance Reporting System (PRS) that will provide the agency timely and accurate data on all the Federal drug control agencies and will help inform policymaking, planning, resource allocation, and program effectiveness. ONDCP will report on progress toward achieving these goals in the 2011 and subsequent *National Drug Control Strategies* and reports. The design and implementation of the PRS has commenced and will continue in FY 2011. The first step is to establish the PRS and subsequently to add new interagency measures. This new comprehensive system will focus not only on programs but also on Federal policies and activities.

You will soon see that we have established an ambitious set of five-year goals in the 2010 *Strategy*. The PRS will identify specific performance measures and targets that support these

overarching *Strategy* goals. The PRS will also identify agencies that contribute to each performance target. The system will establish, in collaboration with partner agencies, a process for collecting data and monitoring annual progress toward the intended outcomes sought by 2015.

The PRS system will be supported by a database that enables efficient reporting and analysis of performance information. The PRS system will be assessed and refined as needed in FY 2012 and 2013. Refinements include incorporating interagency performance targets for which data sources do not currently exist, identifying and rectifying gaps, and recalibrating metrics in response to new and emerging drug control threats.

Soon after my confirmation, we informed the Congress of our intent to reorganize the Office of National Drug Control Policy. This reorganization included the establishment of the Office of Intergovernmental and Public Liaison (OIPL). OIPL coordinates ONDCP's interactions with groups and organizations interested in the work of ONDCP, including those representing state and local elected officials, law enforcement, and various policy organizations. The component aligns on-going ONDCP activities and enhances our outreach to those entities that can help implement Federal drug control programs and the development and implementation of the *Strategy*. OIPL has already made significant in-roads expanding the scope and diversifying the nature of the entities with which ONDCP collaborates. For example, OIPL has placed a renewed emphasis on working with Native Americans and Tribal organizations. Our efforts have also been focused on improving our partnerships with other Federal agencies. OIPL also regularly convenes meetings with intergovernmental affairs offices of national drug control agencies to promote collaboration on drug policy.

We also reconfigured ONDCP's Office of State, Tribal, and Local Affairs (OSLTA) by adding all the ONDCP Programs to this component, including HIDTA, Drug Free Communities, and the Anti-Drug Campaign. This restructuring has allowed each of the programs to maintain their unique characteristics while providing common oversight and promoting increased cooperation and collaboration between the programs. Their placement in OSLTA also further connects these programs to the communities and groups they serve.

Let me close by reiterating what I mentioned last year – it is only through a comprehensive and balanced approach – combining tough, but fair, enforcement with robust prevention and treatment efforts – that we will be successful in stemming both the demand for and supply of illegal drugs in our country. Measurable and sustained progress against drug abuse can be made only when the efforts of local communities, state agencies, and the Federal government are coordinated and complementary. If we are to succeed, the natural silos between the prevention, treatment, and law enforcement communities must be broken down – and the greatest use must be made of the finite resources at our disposal.

I look forward to continuing to work with the Committee's Members to address these challenging and important issues. I recognize that none of the many things ONDCP and my Executive Branch colleagues want to accomplish for the Nation are possible without the active support of Congress. Thank you very much for the opportunity to testify and for the support of the Committee on these vital issues.